U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4/34	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Scott Brain	Name Cement Masons' Local 600		
	Labor Organization File Number 540-777		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5811 East Florence Avenue	Street 5811 East Florence Avenue		
City Bell Gardens	City Bell Gardens		
State California ZIP Code + 4 90201-4685	State California ZIP Code + 4 90201-4685		
5. Position in labor organization. Financial Secretary & Busines	s Mgr.		
A STATE OF THE STA			
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:	-		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature Company of the Company of			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed			

Name of Person Filing Scott Brain		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines: ively seeking to represent, or directly to, or otherwise	S
8. Name and address of Business (including trade name, if any). Name Systematic Financial Management Trade Name, if any: P.O. Box, Bldg., Room No., if any 500 Street 8117 Manchester Avenue City Playa Del Rey State California ZIP Code + 4 90293	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
	11 a Noture of such deals	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Cement Masons Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 350 Street 1333 S. Mayflower Avenue City Monrovia State California ZIP Code + 4 91016-4066	1.b. Approximate dollar value of such dealing. 2.a. Nature of interest held or income received. Pension Fund Trustee - Lunch meeting to discuss Pension Fund's investment portfolio on January 19, 2004.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	w.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		tee - Lunch meeting to discuss
Name SEI Investment		33.00.00
P.O. Box, Bldg., Room No., if any Suite 1160 Street 123 N. Wacker Drive City Chicago State Illinois ZIP Code + 4 60606		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$50

Name of Person Filing Scott Brain	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Systematic Financial Management	a. Labor Organization	
Trade Name, if any:	500.00	
P.O. Box, Bldg., Room No., if any 500	b. Trust	
	c. Employer	
Street 8117 Manchester Avenue		
City Playa Del Rey		
State California ZIP Code + 4 90293		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Cement Masons' Pension Fund	Pension Fund Investment Manager.	
Trade Name, if any:		
Trade Name, it any.		
P.O. Box, Bldg., Room No., if any 350		
Street 1333 S. Mayflower Avenue		10 May 10
City _{Monrovia}		
	P	
State California ZIP Code + 4 91016-4066	11.b. Approximate dollar value of such dealing.	Page 19
	12.a. Nature of interest held or income received.	
	Pension Fund Trustee - Lunch meetin Pension Fund's investment portfolio	
	2004.	
	4	
		EUC SI
		*
	12.b. Amount.	\$34

Name of Person Filing Scott Brain	File Number U -
Name of Cloud and Scott Brain	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Systematic Financial Management	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 8117 Manchester Avenue	c. Employer	
City Playa Del Rey		
State California ZIP Code + 4 90293		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	***************************************
Name Cement Masons' Pension Fund	Pension Fund Investment Manager.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1333 S. Mayflower Avenue		
City Monrovia		
State California ZIP Code + 4 91016-4066	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Pension Fund Trustee - Lunch meeting	
	Pension Fund's investment portfolio 23, 2004.	on September
	12.b. Amount.	\$36

Name	of Person	Filing	Santt	Drain
1101110	01 1 010011	111111111111111111111111111111111111111	SCOLL	prain

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	T 0 D	***
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Wurts Associates	Secretaries &	
Trade Name, if any:	a. Labor Organization	
Haue Name, ii arry.	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 2250	Common Co	
Street 2321 Rosecrans Avenue	c. Employer	
City El Segundo		
State California ZIP Code + 4 90245		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Cement Masons' Pension Fund	Pension Fund Investment Manager.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any 350		
Street 1333 S. Mayflower Avenue		
The state of the s		
City Monrovia		
State California ZIP Code + 4 91016-4066	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Pension Fund Trustee - Lunch meet: Pension Fund's investment portfol: 2004.	
	6	
		•
	12.b. Amount.	\$54
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